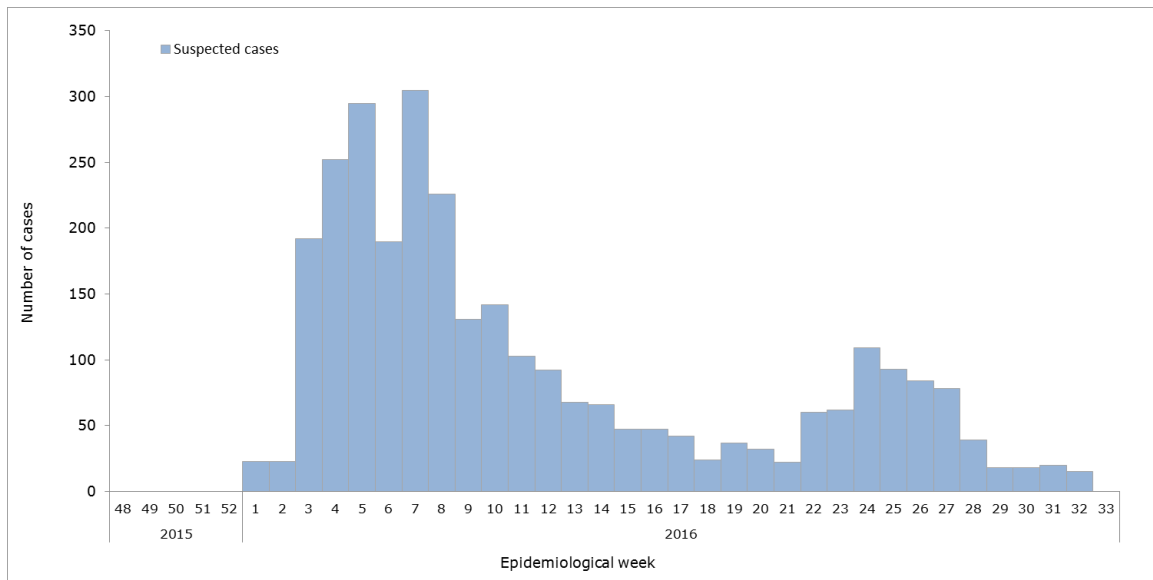


Zika-Epidemiological Report Haiti

25 September 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). Haiti. EW 48 of 2015 to EW 33 of 2016.



Source: Data provided by the Haiti Ministère de la Santé Publique et de la Population (MSPP) to PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 1 of 2016, the detection of the first autochthonous vector-borne transmission of Zika virus was reported in Haiti; however, molecular and clinical data indicate that Zika virus appears to have circulated in Haiti in 2014.²

GEOGRAPHIC DISTRIBUTION

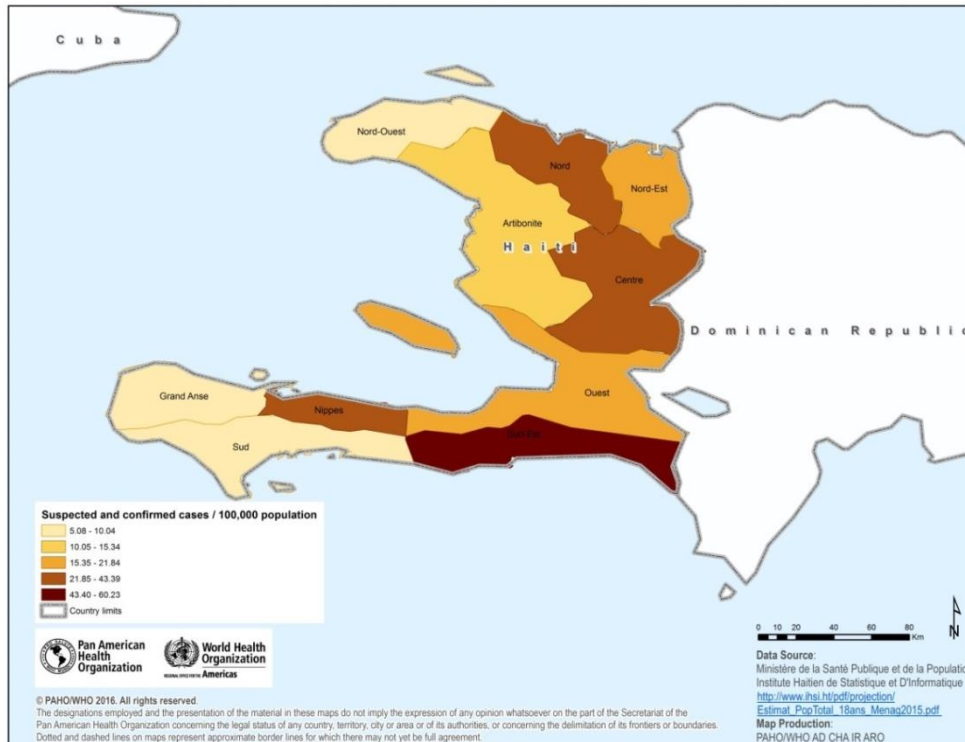
As of EW 21 of 2016, all ten departments in Haiti registered suspected cases of Zika virus (**Figure 2**).¹ The highest incidence rates were reported in the departments of Centre, Nippes, Nord, and Sud-Est. In addition, a report by Journel et al. (2017)³ indicated that, as of EW 36 of 2016, the highest rates were registered in the communes of Plaine-du-Nord (441 cases per 100,000 population), Fond-des-Nègres (254 cases per 100,000), and Milot (234 cases per 100,000).

¹ Reported to PAHO/WHO from the Haiti Ministère de la Santé Publique et de la Population (MSPP) on 10 June 2016.

² Lednicky J, Beau De Rochars VM, El Badry M, Loeb J, Telisma T, Chavannes S, et al. (2016) Zika Virus Outbreak in Haiti in 2014: Molecular and Clinical Data. *PLoS Negl Trop Dis* 10(4): e0004687. doi:10.1371/journal.pntd.0004687

³ Ito Journel, MT; Lesly L. Andrécy, MD; Dudley Metellus; et al. transmission of Zika virus – Haiti, October 12, 2015 – September 10, 2016. *MMWR* February 17, 2017 / Vol. 66 / No. 6

Figure 2. Cumulative suspected and confirmed Zika cases per 100,000 population by department. Haiti. EW 42 of 2015 to EW 21 of 2016.



Source: Data provided by the Haiti Ministère de la Santé Publique et de la Population (MSPP) to PAHO/WHO¹

TREND

Information regarding Zika in Haiti is available only up to EW 33 of 2016. The increases in cases observed between EW 2 and EW 7 as well as EW 21 and EW 24 of 2016 were followed by steep declines (**Figure 1**).¹

CIRCULATION OF OTHER ARBOVIRUSES

No information on the number of dengue cases reported in 2017 and 2016 is available.⁴ In 2015, Haiti reported 130 dengue cases (1 case per 100,000).⁴ Prior to 2015, a total of 240 suspected dengue cases (2 cases per 100,000) were reported in 2012 as of EW 34.

No information on the number of chikungunya cases reported in 2017 is available.⁵ In 2016, as of EW 16, Haiti reported one confirmed and two suspected cases.⁵ In 2015, Haiti reported a cumulative total of 56 suspected cases.⁵ In 2014, Haiti reported 64,695 suspected chikungunya cases (627 cases per 100,000), 14 of which had been laboratory confirmed.

⁴ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734

⁵ PAHO/WHO. Chikungunya: Statistic Data. Number of reported cases of Chikungunya Fever in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5927&Itemid=40931&lang=en

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 21 of 2016, the Haiti Ministère de la Santé Publique et de la Population (MSPP) identified 22 pregnant women with suspected Zika virus disease. There is no update on surveillance for pregnant women in Haiti since the Zika epidemiological report of 15 June 2016.

ZIKA COMPLICATIONS

ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

On EW 10 of 2016, the United States International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of a laboratory-confirmed case of Guillain-Barré syndrome (GBS), with a history of travel to Haiti and subsequent onset of facial weakness in January. Journal *et al.* (2017) reported that 13 suspected cases of Zika-virus-associated GBS were detected. Among 11 serum specimens from these cases that were submitted to the National Laboratory for testing, two were rejected as inadequate on arrival at the lab; the remaining nine tested negative by RT-PCR.³ No increase of GBS has been reported by Haiti national authorities as of EW 38 of 2016.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 38 of 2016, the Haiti IHR NFP reported one laboratory-confirmed congenital microcephaly associated with Zika virus infection. The case was confirmed by real-time RT-PCR. The latest report received from the Haiti IHR NFP in EW 33 of 2016 indicated that there were 13 additional suspected cases of microcephaly associated with Zika virus under investigation in Haiti. No additional information has been provided to PAHO/WHO about these suspected cases. On the other hand, the report by Journal *et al.* (2017) indicated that 29 suspected cases of Zika virus associated congenital microcephaly were tested and resulted negative by RT-PCR.³

DEATHS AMONG ZIKA CASES

As of EW 35 of 2017, no deaths among Zika cases have been reported by Haiti health authorities to PAHO/WHO.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

In EW 2 of 2016, a press release issued by the MSPP indicated that a surveillance system for the detection of Zika virus had been established. The press release is available at:

<http://mspp.gouv.ht/site/downloads/Communique%20de%20presse%20No%202%20Zika.pdf>

LABORATORY CAPACITY

Laboratory confirmation is performed by molecular detection (real-time RT-PCR) by the *Laboratoire National de Sante Publique* (LNSP) at the Haiti MSPP.

INFORMATION-SHARING

The latest information received from the Haiti national authorities was from EW 33 of 2016 and, at the time of this report, the latest available epidemiological report on Zika virus from the Haiti MSPP was from EW 4 of 2016.⁶

⁶ Haiti MSPP. Epidemic situation of Zika in Haiti. EW 42 of 2015 to EW 4 of 2016. Available at: <http://mspp.gouv.ht/site/downloads/Evolution%20epidemie%20du%20ZIKA%20en%20Haiti%20au%203%20fev%202016.pdf>